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Miami-Dade Office of Emergency Management

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SPEAKERS REQUEST FORM NAME OF REQUESTOR: NAME OF ORGANIZATION MAILING ADDRESS: ______ZIP ____-PHONE:_____ FAX: _____ WEBSITE AND/OR E-MAIL ADDRESS: **EVENT DETAILS:** SUBJECT YOU WOULD LIKE US TOI TALK ABOUT: HOW LONG HAVE YOU SCHEDULED FOR THE SPEAKER: : ADDRESS AND LOCATION FOR THE EVENT: Room on site:___ ______ ZIP: _____-AUDIENCE PROFILE: (Minimum of 40 must be in attendance) How many will be present: ______ Background: (corporate executives, retirees, government officials, school age children, etc.):

Please attach driving directions to the event, and any agendas or other fact sheets related to the event.

FAX OR MAIL THIS FORM TO THE ATTENTION OF THE COMMUNITY PREPAREDNESS COORDINATOR